NCT 0 8 2004 EUSTOMER ÑO. 24498 Serial No.: 09/529,184

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OCT 1 3 2004

Technology Center 2600

PATENT RCA 88,759

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants:

Mark Jacob Ebling et al.

Serial No.:

09/529,184

Filed:

April 7, 2000

For

SYSTEM FOR FORMATTING AND PROCESSING MULTIMEDIA

PROGRAM DATA AND PROGRAM GUIDE INFORMATION

Examiner:

Matthew R. Demicco

Art Unit:

2611

MAIL STOP: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Applicants or Patent Owner hereby appeal to the Board of Patent Appeals and Interferences from the decision dated July 7, 2004, finally rejecting Claims 19-21 and

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Respectfully submitted, Mark Jagob Ebling et al.

By

Jeffrey M. Navon, Attorney

Reg/No. 32,711

Telephone No.: (609) 734-6823

Thomson Licensing Inc. **Patent Operations** PO Box 5312 Princeton, NJ 08543-5312

October 6, 2004

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Approved for use through 07/31/2006. OMB 0651-0032

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FEE TRANSMITTAL							Complete if Known							
							Applica	ation Nu	mber	09/529,184 RFCF			=1//E	
MAR LV MIM							Filing I	ing Date 04/07/00					-1 A F	
OCT 0 8 2004 2 TOF F 7 2004							First Named Inventor Mark Jacob Eblin			Jacob Ebling	OCT 1	3 2004		
Effective 10/01/2003. Patent fees are subject to annual revision.										Matth	latthew R. Demicco			
Applicant claims small entity status. See 37 CFR 1.27							Art Unit 2611					Technology	Center 2	
TOTAL AMOUNT OF PAYMENT (\$) 340							Attorne	ey Dock	et No.	RCA 88,759				
METHOD OF PAYMENT (check all that apply)							FEE CALCULATION (continued)							
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The Director is authorized to: (check all that apply)							1804	920*	1804	920*	Requesting publ Examiner action	, <u> </u>		
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filing fee						n i	1805	1,840*	1805	1,840*	Examiner action			
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**or number previously paid, if greater; For Reissues, see above								*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 340						
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SUBMIT	TED BY										Com	plete (if applicable)		
Name (Print/Type) JEFFREY M. MAYON Registration No. (Attgmey/Agent)							32,711 Telephone (609) 734-6823							
Signature											Date	October 6, 2004		
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